

740

KENTUCKY INDIVIDUAL INCOME TAX RETURN

42A740

Full-Year Residents Only

1997

Revenue Cabinet For calendar year or for other taxable year beginning _____, 1997, and ending _____, 199__.

Attach Wage and Tax Statements and Payment Here—Staple to Top Page Only

Use Kentucky label if correct. Otherwise print or type.	►	Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)		Your Social Security Number	
	L			B.	
	A	Mailing Address (Number and Street Including Apartment Number or P.O. Box)		Spouse's Social Security Number	
	B E L	City, Town or Post Office	State	ZIP Code	A.
FILING STATUS (see instructions)	1	<input type="checkbox"/> Single		POLITICAL PARTY FUND <i>Designating \$2 will not change your refund or tax due.</i> <div style="display: flex; justify-content: space-between;"> A. Spouse B. Yourself </div> <div style="display: flex; justify-content: space-between;"> Democratic (1) <input type="checkbox"/> (4) <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Republican (2) <input type="checkbox"/> (5) <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> No Designation (3) <input type="checkbox"/> (6) <input type="checkbox"/> </div>	
	2	<input type="checkbox"/> Married, filing separately on this combined return. (If both had income.)			
	3	<input type="checkbox"/> Married, filing joint return.			
4	<input type="checkbox"/> Married, filing separate returns. Enter spouse's Social Security number above and full name here. _____				
CREDITS	See Page 2, Part I, to determine the credits to be claimed.			A. Spouse (Use if Filing Status 2 is checked.)	B. Yourself (or Joint)
ADJUSTED GROSS INCOME	5	Enter the number of credits claimed for Column A and/or B from line 37		5	
	6	Enter amount from federal Form 1040, line 32; 1040A, line 16 or 1040EZ, line 4		6	
	7	Additions from page 2, Part II, line 42		7	
	8	Add lines 6 and 7		8	
	9	Subtractions from page 2, Part III, line 50		9	
TAXABLE INCOME	10	Subtract line 9 from line 8. This is your Kentucky Adjusted Gross Income		10	
	11	Itemizers: Enter itemized deductions from Kentucky Schedule A. Nonitemizers: Enter \$900 in Columns A and/or B		11	
TAX	12	Subtract line 11 from line 10. This is your Taxable Income		12	
	13	Enter tax. Check if from <input type="checkbox"/> Tax Table or Computation or <input type="checkbox"/> Schedule TC		13	
	14	Add tax amount(s) in Columns A and B, line 13		14	
	15	Enter Low Income Credit from worksheet in the instructions		15	
	16	Subtract line 15 from line 14		16	
	17	Enter Child and Dependent Care Credit from federal Form 2441, line 9 ► _____ x 20% (.20)		17	
	18	Income Tax Liability. Subtract line 17 from line 16. If line 17 exceeds line 16, enter zero		18	
	19	Enter KENTUCKY USE TAX from worksheet in the instructions		19	
	20	Add lines 18 and 19. This is your Total Tax Liability		20	
	21	(a) Enter Kentucky income tax withheld as shown on attached 1997 wage and tax statements		21(a)	
		(b) Enter 1997 Kentucky estimated tax payments		21(b)	
	22	Add lines 21(a) and 21(b)		22	
	23	If line 22 is larger than line 20, enter AMOUNT OVERPAID (see instructions)		23	
	24	Nature and Wildlife Fund Contribution ► (Enter amount(s) checked) <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other		24	
	25	Child Victim's Trust Fund Contribution <input type="checkbox"/> \$2 <input type="checkbox"/> \$4 <input type="checkbox"/> Other 25		25	
26	Bluegrass State Games and U.S. Olympic Committee Fund Contribution 26		26		
27	Veteran's Program Trust Fund Contribution 27		27		
28	Add lines 24 through 27		28		
29	Amount of line 23 to be CREDITED to your 1998 ESTIMATED TAX		29		
30	Subtract lines 28 and 29 from line 23. Amount to be REFUNDED TO YOU		30		
31	If line 20 is larger than line 22, enter ADDITIONAL TAX DUE		31		
TAX PAYMENT SUMMARY	32	(a) 2210-K penalty _____ (c) Late payment penalty _____ <input type="checkbox"/> Check if Form 2210-K attached (d) Late filing penalty _____ (b) Interest _____ (e) Add lines 32(a) through 32(d). Enter here ... 32(e)			
	33	Add lines 31 and 32(e) and enter here. This is the AMOUNT YOU OWE		33	
	Make check payable to Kentucky State Treasurer . Write your Social Security number and "KY Income Tax—1997" on the check.				

► BE SURE TO SIGN YOUR RETURN ON REVERSE

1 2 3 P B N C F R

PART I—CREDITS		Check Regular	Check both if 65 or over	Check both if blind	
34	(a) Credits for yourself:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Enter number of boxes checked
	(b) Credits for spouse:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	34
35	List first names of your dependent children who lived with you.				Enter number of children listed
	(a) _____ (b) _____ (c) _____ (d) _____				35
36	List name and relationship of other dependents.				Enter number of other dependents listed
	_____				36
37	Add total number of credits claimed on lines 34, 35 and 36 ➤				Enter total credits
	Each taxpayer must claim his or her own credits from line 34. Credits from lines 35 and 36 may be divided. If married filing separately on a combined return (Filing Status 2), divide the amount on line 37 and enter in Columns A and B, page 1, line 5. All other filers enter the amount from line 37 in Column B, page 1, line 5.				37

PART II—ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

		A. Spouse	B. Yourself (or Joint)
38	Enter interest income from bonds issued by other states and their political subdivisions		
39	Enter transition income carryover amount, if any, from 1994 Form 762TS, line 5. Attach copy of 1994 Form 762TS		
40	Enter additions from partnerships, fiduciaries and S corporations		
41	Other additions (specify): (a) _____ (b) _____ (c) _____		
42	Total Additions. Enter here and on page 1, line 7		

PART III—SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

43	Enter state income tax refund or credit reported as income on federal Form 1040		
44	Enter interest income from U.S. government bonds and securities		
45	Enter excludable amount of retirement income from Schedule P, line 5		
46	Enter taxable amount of Social Security and Railroad Retirement Board benefits included in federal adjusted gross income		
47	Enter transition deduction carryover amount, if any, from 1994 Form 762TS, line 5. Attach copy of 1994 Form 762TS		
48	Enter subtractions from partnerships, fiduciaries and S corporations		
49	Other subtractions (specify): (a) _____ (b) _____ (c) _____		
50	Total Subtractions. Enter here and on page 1, line 9		

See instructions for requirements to attach a complete copy of federal Form 1040 or 1040A.

If you are not required to attach a copy of your federal return, check here ☐.

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

➤ _____ ➤ _____ Telephone Number (daytime) _____ Date Signed _____
Your Signature (If joint or combined return, both must sign.) Spouse's Signature

Typed or Printed Name of Preparer Other than Taxpayer Social Security or Firm I.D. Number of Preparer Date

If you do not wish to receive a packet next year, but need only a name and address label for filing your 1998 return, check here ☐.

Taxpayers filing paid-preparer returns will be sent only a label.

➤ Mail refund returns to Kentucky Revenue Cabinet, Frankfort, KY 40618-0006. Mail returns with payments to Kentucky Revenue Cabinet, Frankfort, KY 40619-0008. Make check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax—1997" on the check. Place on top of wage and tax statements on page 1.